

Blood Lead Screening Summary

*Screen all children between the ages of 6 and 72 months at each well-child visit using the Risk Assessment Questionnaire below.

Risk Assessment Questionnaire — **Consider the child high risk with a “yes” or “don’t know” answer to any question.

Child's Name	Date of Birth	Date		Date		Date		Date		Date		Date		Date		Date		Date	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Does your child live or regularly visit an old house built before 1960?																			
2. Was your child's day care center/preschool/babysitter's home built before 1960?																			
3. Does any pre-1960 home/school/day care where your child stays have peeling, chipping, dusting, or chalking paint?																			
4. Does your child spend at least six hours a week at a house built before 1960 with recent, ongoing or planned renovation or remodeling?																			
5. Have any of your children or their playmates had lead poisoning?																			
6. Does your child frequently come in contact with an adult who works with lead? Examples: construction, welding, pottery, painting, soldering, radiator repair, metal recycling, oil rig work, wire/cable cutting, and manufacture of cable, wire, and batteries																			
7. Have you seen your child mouthing electrical cords, keys, zipper pulls, or toy jewelry.																			
8. Do you give your child any home or folk remedies which may contain lead? Examples: greta or azarcon (Hispanic), pay-loo-ah (SE Asia), and ayurvedic medicines (India)																			
9. Does your child live or play near a street or highway with a lot of traffic when leaded gasoline (before 1986) was used? The soil may be contaminated with lead.																			
10. Does your child drink well water?																			
11. Have there ever been vinyl/plastic mini-blinds bought before 1997 in your home?																			

Blood Lead Levels

	Date and Signature	Level		Dates and Initial				Comments
Initial specimen drawn Specify cap. or venous			Lead Education					
Confirmatory venous Specimen drawn			Nutritional Counseling					
Repeat venous Specimen drawn			Lead Hazard Prevention					
Repeat venous Specimen drawn			Nursing/Social work Home Visit					
Repeat venous Specimen drawn			Referral to Environmental					
Repeat venous Specimen drawn			Inspection					
Repeat venous Specimen drawn			Referral for Clinical Management					
Repeat venous Specimen drawn			Referral for Developmental Assessment					